

Exhibit G

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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Plaintiff,

6

-against- 07-CV-3218

7

(Judge Holwell)

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METROPOLITAN LIFE INSURANCE COMPANY,

9

10

Defendant.

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12

DATE: February 22, 2008

13

TIME: 10:15 a.m.

14

15

DEPOSITION of the Defendant, by

16

DENNIS W. WESTMAN, taken by the

17

Plaintiff, pursuant to a Court Order,

18

held at the offices of Trief & Olk, 150

19

East 58th Street, New York, NY 10155

20

before Chanie Berman, a Shorthand

21

Reporter and Notary Public of the State

22

of New York.

23

24

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1	2	1	4
2	APPEARANCES:	2	DENNIS WESTMAN, called as a
3		3	witness, having been first duly sworn,
4	TRIEF & OLK	4	by a Notary Public of the State of New
5	Attorneys for Plaintiff	5	York, was examined and testified as
6	150 East 58th Street, 34th Floor	6	follows:
7	New York, NY 10155	7	EXAMINATION BY
8	BY: TED TRIEF, ESQ.	8	MR. TRIEF:
9	ERIC DINNOCENZO, ESQ.	9	Q What is your name?
10		10	A Dennis Westman.
11	METROPOLITAN LIFE INSURANCE COMPANY	11	Q What is your home address?
12	One MetLife Plaza	12	A 133 Cattell Street, #3, Easton, PA
13	27-01 Queens Plaza North	13	18042.
14	Long Island City, NY 11101	14	MR. TRIEF: Good morning, Mr.
15	BY: TOMASITA SHERER, ESQ., OF COUNSEL	15	Westman. My name is Ted Trief. I
16		16	represent the Lin family. I will be
17		17	asking you some questions here this
18		18	morning. If you know what I am asking
19		19	before I complete the question, will you
20		20	still allow me to complete the question?
21		21	THE WITNESS: Yes, sir.
22		22	MR. TRIEF: If you intend to
23		23	answer a question yes or no, will you
24		24	actually say the word yes or no?
25		25	THE WITNESS: Yes, sir.
1	3	1	WESTMAN 5
2	FEDERAL STIPULATIONS	2	MR. TRIEF: If you don't
3		3	understand a question I am asking,
4	IT IS HEREBY STIPULATED AND AGREED by	4	please let me know and I will be happy
5	and between the attorneys for the respective	5	to either rephrase it or repeat it but
6	parties herein, that filing and sealing be and	6	if you do answer, I'll assume you
7	the same are hereby waived.	7	understood.
8		8	Q By whom are you employed?
9	IT IS FURTHER STIPULATED AND AGREED that	9	A MetLife.
10	all objections, except as to the form of the	10	Q For how long have you been
11	question, shall be reserved to the time of the	11	employed by MetLife?
12	trial.	12	A Thirty-five years.
13		13	Q What is your current title?
14	IT IS FURTHER STIPULATED AND AGREED that	14	A Senior underwriting consultant.
15	the within deposition may be sworn to and signed	15	Q What does that mean?
16	before any officer authorized to administer an	16	A Just an underwriter. Life
17	oath, with the same force and effect as if	17	underwriter.
18	signed and sworn to before the Court.	18	Q What is a life underwriter?
19	* * *	19	A They assess applications and
20		20	financially and medically and assess a
21		21	classification to get a premium that is
22		22	acceptable to the company and the client.
23		23	Q Is underwriting an art or a
24		24	science or something in between?
25		25	MS. SHERER: Objection to the

1	WESTMAN	6	1	WESTMAN	8
2	form.		2	you have a specific subject matter?	
3	A To me, it's just a job.		3	A Just business, bachelors.	
4	Q I'll get back to that in a minute.		4	Q Do you have any medical training?	
5	Have you always been an underwriter at		5	A Over the years, yes.	
6	Metlife?		6	Q On the job?	
7	A All of 35 years.		7	A On the job.	
8	Q What was your first position?		8	Q Do you have any formal medical	
9	A I started in Tulsa, Oklahoma		9	education?	
10	underwriting Met Series applications.		10	A No, sir.	
11	Q What is that?		11	Q How does an underwriter	
12	A Lower amounts, 5,000 and then as		12	underwrite? What does he or she use?	
13	you get experienced you move up to the larger		13	A Based on the application, we look	
14	amounts.		14	at what the client provides us, and then we	
15	Q What is the largest amount that		15	look at different guidelines that are set by	
16	you can underwrite?		16	the state, as an example, financially,	
17	A Concurrently the largest one I		17	somebody that makes a salary 50,000 a year we	
18	have ever underwritten was 25,000,000.		18	have what is called a times factor, 30 times	
19	Q Do you have any supervisory role		19	50,000. They come in at that amount.	
20	or are you just a line underwriter?		20	Q When you say we have, who is the	
21	A Just a line underwriter.		21	we?	
22	Q Have you ever had any supervisory		22	A Insurance industry.	
23	duties?		23	Q What are you using to formulate	
24	A Off and on when I was in Tulsa I		24	your guides; are you using written material,	
25	did underwriting plus I supervised a change		25	are you using conversations with people, are	

1	WESTMAN	7	1	WESTMAN	9
2	unit. It's an application that would come		2	you using government material, MetLife	
3	in. They maybe want to increase the payment		3	material; what kind of material are you	
4	amount or they then say quit smoking and then		4	using?	
5	want a non-smoking class.		5	MS. SHERER: Objection to the	
6	Q When was the last time you had a		6	form.	
7	supervisory role?		7	A It's training that I have had over	
8	A Probably 15 years ago.		8	the years.	
9	Q Tell me about your educational		9	Q What kind of training; written	
10	experience.		10	training, oral training?	
11	A I went to Eastern Michigan for		11	A We have, it's like I said, the	
12	four years.		12	times factor. It's a, I guess you could call	
13	Q Did you graduate?		13	it a guide that we are given.	
14	A No. I took a job with MetLife		14	Q A written guide?	
15	because I got married, had a kid and then		15	A Well, it's just the times factor.	
16	when I was in Oklahoma started taking classes		16	When we look at someone's income we would --	
17	when I was working and still never --		17	Q I am talking more generally, Mr.	
18	Q Did you ever get a degree?		18	Westman. I am asking when you are doing	
19	A Not yet.		19	underwriting, what are you using to help you	
20	Q Do you intend to?		20	underwrite, if anything?	
21	A I may go back after next year.		21	A If there is an impairment we would	
22	Q How many credits are you short of		22	investigate, use the Internet, look in a	
23	a degree?		23	medical book.	
24	A Sixteen.		24	Q Do you use any written material	
25	Q What was your education in; did		25	provided to you by Metlife?	

1	WESTMAN	10	1	WESTMAN	12
2	A	We have a Internet available to	2	today's date, the 22nd of February. Have you	
3	us.		3	ever seen anything like this?	
4	Q	Do you use any material provided	4	A	Yes, I have.
5	to you by MetLife?		5	Q	What do you call this?
6	A	It's, we have sources that we go	6	A	It's a learning tool.
7	to.		7	Q	Is that what it is called, a
8	Q	Do you use any material provided	8	learning tool?	
9	to you by MetLife?		9	A	Well, it's not a learning tool.
10	MS. SHERER: Objection to the		10	It's what is given to show what is available	
11	form. Asked and answered.		11	with applications for ages and then it's a,	
12	MR. TRIEF: It's yes, no or I		12	just gives a guideline that you look at when	
13	don't know. Do you use any material		13	I receive an examination. It's got the blood	
14	provided to you by MetLife?		14	pressures on there.	
15	MS. SHERER: Objection to the		15	Q	What do you call it?
16	form.		16	A	This here?
17	A	I use information that is	17	Q	Yes.
18	available on the Internet.		18	A	It's just a reference to when
19	Q	I am not asking if you use	19	assessing a premium.	
20	material provided on the internet. I am		20	Q	You call it a reference tool in
21	asking do you use material provided by		21	assessing a premium?	
22	MetLife, yes or no?		22	A	It's --
23	A	Yes.	23	Q	I just want to know what Mr.
24	Q	What material provided by MetLife	24	Westman calls it.	
25	do you use?		25	A	It's just a reference tool.

1	WESTMAN	11	1	WESTMAN	13
2	A	It's internet availability that we	2	Q	What do you mean by a reference
3	can key in an impairment.		3	tool, something you have to follow or you can	
4	Q	Do you use anything besides the	4	consider or you can reject?	
5	internet to help you in your underwriting?		5	A	When you get the requirements on
6	A	Yes.	6	an exam you will look at this to see if the	
7	Q	What else do you use?	7	blood pressures fall within the guidelines.	
8	A	Medical books, medical dictionary.	8	Q	Do you have to follow this or is
9	Q	What else?	9	it just a guide?	
10	A	And the Internet.	10	A	It's just a guide.
11	Q	Just medical books?	11	Q	So you are free to accept it or
12	A	The internet, yes.	12	reject it; is that correct?	
13	Q	Do you ever use any manuals	13	A	Yes.
14	provided by MetLife?		14	Q	With respect to underwriting, even
15	A	We don't have a manual.	15	if there are written criteria and this says	
16	Q	Do you use any guidelines provided	16	criteria, do you have a rule?	
17	to you by MetLife?		17	A	Yes.
18	A	We have sources that we can go to,	18	MS. SHERER: Objection to the	
19	medical department director.		19	form.	
20	MR. TRIEF: Can we mark these,		20	MR. TRIEF: What is the objection?	
21	please?		21	MS. SHERER: I feel you are	
22	(Plaintiff's Exhibit 1 and 2 were		22	badgering the witness.	
23	marked for identification, as of this date.)		23	MR. TRIEF: What is the objection	
24	Q	I want to show you what has been	24	to the form? The witness is saying uh	
25	marked Plaintiff's 1 for identification on		25	huh and --	

1	WESTMAN	14	1	WESTMAN	16
2	(At this time an off-the-record		2	if they determine to investigate?	
3	discussion took place.)		3	A They would order medical records	
4	MR. TRIEF: Can I have the		4	or whatever is needed to evaluate if they are	
5	question read back, please?		5	going to pay the claim or not.	
6	(At this point, requested portion of		6	Q Do you know how they evaluate?	
7	testimony was read back.)		7	A I am not in that department.	
8	Q Do you see Exhibit 1 has the word		8	Q Is underwriting consulted?	
9	criteria on it?		9	A Our medical department is in that.	
10	A Yes.		10	Q Is underwriting consulted?	
11	Q If an applicant does not meet		11	A Yes.	
12	criteria that is set forth on Exhibit 1, are		12	MS. SHERER: Objection to the	
13	you free still to write select preferred if		13	form.	
14	you want to?		14	MR. TRIEF: What is the objection	
15	A Yes, we are.		15	to the form?	
16	Q And so, would you agree that		16	MS. SHERER: You asked it and he	
17	underwriting is subjective to the		17	answered it twice.	
18	underwriter?		18	MR. TRIEF: The second time he	
19	A Yes, sir.		19	answered it and the first time he	
20	Q There is underwriting when the		20	didn't. If I don't get an answer to my	
21	policy is initially applied for; correct?		21	question, I am entitled to repeat it	
22	A Yes.		22	without interruption.	
23	Q If someone died within the		23	MS. SHERER: It's my right to	
24	contestability period, is there also an		24	object to the question when I feel that	
25	underwriting component to that?		25	you are a badgering the witness and	

1	WESTMAN	15	1	WESTMAN	17
2	A Yes, sir, there is.		2	asking questions that have been asked	
3	Q And, the contestability period is,		3	repeatedly.	
4	what is meant by contestability?		4	Q Have you ever been involved in	
5	A It's a time frame that the company		5	evaluating underwriting during the	
6	has, that if something happens within that		6	contestability period, upon the death of a	
7	time frame, we can try and assess if we are		7	policyholder?	
8	going to pay the claim or not.		8	A Yes.	
9	Q How is that judgment made?		9	Q Were you asked in this case to	
10	A When somebody dies and it goes to		10	consult?	
11	the claims department they look at the		11	A Not on the death claim.	
12	contestability period, the date of death, to		12	Q You are here today?	
13	see if it's within the contestability period,		13	A I am here today.	
14	ask for health history. They look at the		14	Q At my request?	
15	death certificate to see what the cause of		15	A Yes, at your request.	
16	the death was and they determine from it if		16	Q Correct, but I am asking when the	
17	they are going to investigate or not.		17	decision was made to reject the claim, were	
18	Q Isn't this always done when		18	you consulted before that decision?	
19	someone dies within the contestability time?		19	A No.	
20	A Not always. It depends on what is		20	Q No one asked you what you would	
21	on the death certificate in regards to cause,		21	have done?	
22	and they look at the application to see what		22	A No. These go to the medical	
23	was involved and in regards to how it was		23	department, medical director.	
24	issued.		24	Q Is it the policy and procedure of	
25	Q And then what happened supposedly		25	MetLife not to talk to the original	

1	WESTMAN	18	1	WESTMAN	20
2	underwriter who underwrote the policy, when		2	today?	
3	deciding on whether to accept or reject a		3	A It's not in those criteria.	
4	claim during the contestability period?		4	Q Well, if you look at Exhibit 1,	
5	MS. SHERER: Objection to the		5	doesn't it say that you can't have elevated	
6	form. It's outside of the scope of his		6	total bilirubin? Look under the liver enzyme	
7	knowledge.		7	column.	
8	A As I said before, the death claims		8	A You are correct sir but the levels	
9	are generally looked at by the medical		9	that it was at is not a concern in my	
10	directors and medical department. We don't		10	experience.	
11	see those.		11	Q But again, did Mr. Lin meet the	
12	Q I am not sure I understood. Let		12	criteria for liver enzymes that are listed in	
13	me try the question in a different way. In a		13	either Exhibit 1 or 2?	
14	situation in which there is a death during		14	A In my opinion, yes.	
15	the contestability period and it's being		15	Q In your opinion, he met the	
16	re-evaluated as to whether or not to pay the		16	criteria, even though his total bilirubin	
17	claim, is it the policy of MetLife not to		17	were elevated?	
18	talk to the original underwriter about		18	A They weren't elevated	
19	whether the policy would have been		19	significantly enough that I would have any	
20	underwritten, had the information obtained		20	concern with the, medical concern with the	
21	during the investigation been known to the		21	exam and application.	
22	underwriter?		22	Q I didn't ask whether they were	
23	MS. SHERER: Objection to the		23	elevated significantly.	
24	form.		24	MS. SHERER: Objection to the	
25	A They talk to the medical		25	form.	

1	WESTMAN	19	1	WESTMAN	21
2	department. The underwriters don't get		2	A They were elevated, yes, sir.	
3	talked to about the death claims.		3	Q Is there anything in Exhibit 1 or	
4	Q Okay. Did you underwrite the Bang		4	2 that describes significance?	
5	Lin --		5	A No, sir. Just says elevated.	
6	A Yes, I did, sir.		6	Q It was your subjective judgment to	
7	Q -- policy?		7	disregard the elevated bilirubins because you	
8	A (No response).		8	felt it was not significant elevation?	
9	Q Were you the sole underwriter who		9	A The bilirubin might have been an	
10	wrote it?		10	indication of Gilbert's Disease but it --	
11	A Yes, sir.		11	Q Was there any diagnosis of	
12	Q Were you familiar with the		12	Gilbert's Disease?	
13	criteria which is listed in both Exhibit 1		13	A No. No, sir.	
14	and Exhibit 2 of today's deposition? You		14	Q Doesn't it say it has to be	
15	take your time, as long as you need, to look		15	diagnosed?	
16	at them.		16	A That is why I made my ruling.	
17	A Yes, sir.		17	There was no indication or a red flag in the	
18	Q Did Mr. Lin meet the criteria		18	application that would be an indication not	
19	which is listed on Exhibit 1 or Exhibit 2?		19	to proceed as I did.	
20	A Yes.		20	Q Was there any diagnosed Gilbert's	
21	Q Did Mr. Lin have any elevated		21	Syndrome in this case?	
22	bilirubins?		22	A There was no health history at all	
23	A Yes, he did, sir.		23	on the application or the exam.	
24	Q Is that one of the criteria which		24	Q Was there any diagnosed Gilbert's	
25	are listed in Exhibit 1 and Exhibit 2 of		25	in this case?	

<p>1 WESTMAN 22</p> <p>2 A No.</p> <p>3 Q And he had elevated bilirubin;</p> <p>4 correct?</p> <p>5 A Correct, yes.</p> <p>6 Q And did you make a subjective</p> <p>7 judgment to issue the policy at a rate which</p> <p>8 was outside of the criteria listed in Exhibit</p> <p>9 1 and Exhibit 2?</p> <p>10 A Yes, I did sir.</p> <p>11 MS. SHERER: Objection to the</p> <p>12 form.</p> <p>13 Q Does he have elevated cholesterol?</p> <p>14 A No, sir.</p> <p>15 Q Did he have elevated</p> <p>16 triglycerides?</p> <p>17 A Yes, sir.</p> <p>18 Q What does that mean?</p> <p>19 A It's an indication of possible</p> <p>20 cardiac.</p> <p>21 Q Does the MetLife criteria indicate</p> <p>22 that he should not have received the rate if</p> <p>23 he had elevated triglycerides?</p> <p>24 A They weren't elevated enough that</p> <p>25 I would have had a concern.</p>	<p>1 WESTMAN 24</p> <p>2 form.</p> <p>3 A There was no health history</p> <p>4 admitted in the exam or the application that</p> <p>5 would have flagged me to have a concern with</p> <p>6 the minor elevation and the labs that were</p> <p>7 there.</p> <p>8 Q If you strictly looked at the</p> <p>9 criteria set forth in Exhibits 1 and 2, would</p> <p>10 you agree that based upon the criteria in</p> <p>11 writing, that Mr. Lin would not have</p> <p>12 qualified for the rate he received because of</p> <p>13 his elevated triglycerides?</p> <p>14 MS. SHERER: Objection to the</p> <p>15 form. Speculation.</p> <p>16 A No, sir.</p> <p>17 Q What does it say at the top? It</p> <p>18 says Preferred Criteria and Select Criteria.</p> <p>19 A It's a criteria to look at that</p> <p>20 time to assess and then you look at the</p> <p>21 application to get the overall picture.</p> <p>22 There was no indication in the application</p> <p>23 that there was a reason we should not proceed</p> <p>24 as I did.</p> <p>25 Q If you would look at the bottom of</p>
<p>1 WESTMAN 23</p> <p>2 Q I understand that. Does any of</p> <p>3 the criteria set by MetLife distinguish how</p> <p>4 elevated they have to be?</p> <p>5 A No.</p> <p>6 Q Did you in fact issue the policy</p> <p>7 that was different than listed in the</p> <p>8 criteria set forth in Exhibit 1 and Exhibit</p> <p>9 2?</p> <p>10 A No, sir. I issued the policy as I</p> <p>11 assessed with my 35 years of experience in</p> <p>12 underwriting.</p> <p>13 Q I understand that and I</p> <p>14 understand -- is there a subjective component</p> <p>15 to this?</p> <p>16 A It's an underwriting judgment.</p> <p>17 Q Am I correct that there is a</p> <p>18 subjective component to underwriting?</p> <p>19 A Yes.</p> <p>20 Q The question is, if you looked</p> <p>21 solely at criteria set forth by MetLife, Mr.</p> <p>22 Lin would not have qualified for the rate he</p> <p>23 received because of his elevated</p> <p>24 triglyceride?</p> <p>25 MS. SHERER: Objection to the</p>	<p>1 WESTMAN 25</p> <p>2 Exhibit 1, the very last sentence, do you see</p> <p>3 that? If you can read the paragraph to</p> <p>4 yourself first.</p> <p>5 A What, you are talking about the</p> <p>6 bottom, "Select Preferred will not be</p> <p>7 available if both these criteria precludes</p> <p>8 the class?"</p> <p>9 Q If you go above that, Flexibility</p> <p>10 in Application of Select Preferred Criteria.</p> <p>11 Do you see that? Could you read the next</p> <p>12 one?</p> <p>13 A "Generally, all criteria must be</p> <p>14 met to qualify for Select Preferred."</p> <p>15 Q Were you familiar with that</p> <p>16 sentence?</p> <p>17 A Yes, sir.</p> <p>18 Q Do you agree with that sentence?</p> <p>19 A Yes, sir.</p> <p>20 Q In this case, he did not?</p> <p>21 A It says generally.</p> <p>22 Q In this case he doesn't meet the</p> <p>23 criteria?</p> <p>24 A Yes, he did. There was no health</p> <p>25 history admitted in the application or exam.</p>

1	WESTMAN	26	1	WESTMAN	28
2	Everything was no. The elevations were not		2	Q In the total bilirubin there is a	
3	significant enough that you would want to		3	reference range; do you see that?	
4	pursue anything.		4	A Yes, sir.	
5	MR. TRIEF: Move to strike the		5	Q And the reference is the normal	
6	non-responsive portions.		6	reference range?	
7	Q I asked whether the criteria in		7	A Yes, sir. There is reference	
8	the form was met, not anything about the		8	range, the Lab One points.	
9	application. Was the criteria in the form		9	Q It was .2 to 1.5 that would be	
10	met?		10	normal; correct?	
11	MS. SHERER: Objection to the		11	A Yes, sir.	
12	form.		12	Q Next to the total bilirubin you	
13	A The criteria, yes, it was met.		13	will see the letter H; correct?	
14	Q And so he had no elevated total		14	A Yes.	
15	bilirubin?		15	Q That means elevated; correct?	
16	A He had elevations but in my		16	A Yes, sir.	
17	opinion they weren't significant.		17	Q His bilirubin, is it 2.3?	
18	MR. TRIEF: I am not asking about		18	A Yes, sir.	
19	the opinion of Mr. Westman.		19	Q And you had that in your	
20	MS. SHERER: Objection to the		20	possession?	
21	form.		21	A Yes, sir.	
22	Q With respect to the form itself,		22	Q Would you agree with respect to	
23	is it your statement that he met the criteria		23	the form that is Plaintiff's 1 or Plaintiff's	
24	concerning total bilirubin or he didn't?		24	2, he had elevated bilirubin?	
25	A Generally, he did.		25	A By Lab One's guidelines, yes.	

1	WESTMAN	27	1	WESTMAN	29
2	MS. SHERER: Objection to the		2	Q Would you agree that since he had	
3	form.		3	elevated bilirubin that he did not meet the	
4	Q Specifically, did he meet the		4	strict criteria listed in Exhibit 1 of	
5	total bilirubin in the form?		5	today's date?	
6	MS. SHERER: Objection to the		6	A He met the criteria, in my	
7	form. Asked and answered.		7	opinion. This is Lab One's guidelines. The	
8	A Yes, he did. There is nothing in		8	elevation wasn't significant enough that I	
9	here in regards to level stated.		9	had a concern. The application and exam had	
10	Q I want to show you Exhibit 6 of		10	no highlights in it or flags that there is a	
11	12/14/07. It's previously marked as an		11	condition that I should pursue on it.	
12	exhibit. Take a look at it. You will see		12	Q What does bilirubin show?	
13	it's a lab test that was in the possession of		13	A 2.3, sir.	
14	MetLife and has a MetLife stamp on it, 341.		14	Q What is the significance of an	
15	Do you see that, sir?		15	elevated bilirubin?	
16	A Yes, sir.		16	A Could mean Gilbert's Syndrome.	
17	Q It's the lab test for Bang Lin;		17	Q What else?	
18	correct?		18	A Could be some gallbladder, renal.	
19	A Yes, sir.		19	Q What else could it mean?	
20	Q And it was in your possession at		20	A That is pretty much it.	
21	the time you underwrote; correct?		21	Q Could it mean hepatitis B?	
22	A Yes, sir.		22	A I would not think so because there	
23	Q Do you see that there is a total		23	was no elevation in the liver enzyme.	
24	bilirubin listed there?		24	Q Could it be cirrhosis of the	
25	A Yes, sir.		25	liver?	

1	WESTMAN	30	1	WESTMAN	32
2	A	Possibly.	2	there is no health history admitted, you	
3	Q	Could it mean an alcoholic?	3	won't want to pursue anything unless it was	
4	A	It could be a lot of things but	4	above 500.	
5		when I made my assessment there was nothing	5	Q Is that all in writing or is there	
6		in the application that would flag me to want	6	anything in writing?	
7		to pursue it any further and the elevations	7	A No. It's pretty much an oral	
8		weren't significant enough that I would want	8	class. We have monthly classes on different	
9		to do anything different than what I did.	9	impairments periodically.	
10	Q	Would you agree that the elevation	10	Q Is there anything you can show me	
11		is at least 50% higher than the range, it	11	in writing that tells me that you don't have	
12		could even be 100% higher than the range;	12	to consider a bilirubin of 2.3 in doing any	
13		would you agree?	13	further testing or you don't have to consider	
14	A	I wouldn't say 50%.	14	a triglyceride at 189?	
15	Q	No; okay. What would you say?	15	A I don't have anything in writing,	
16	A	I would just say it's an elevation	16	sir.	
17		but what I had to assess with, it wasn't any	17	Q Do you have anything in writing?	
18		concern to me.	18	A We can go into the Internet and	
19	MR. TRIEF:	Move to strike.	19	key in impairments.	
20	MS. SHERER:	I object.	20	Q Other than doing an Internet	
21	Q	Do you see the triglycerides?	21	search, something published by MetLife?	
22	A	Yes, sir.	22	A I don't have anything.	
23	Q	On the lab, you can turn it around	23	Q Is there anything published by	
24		if you want to, do you see the range for	24	MetLife?	
25		normal?	25	A There is the guide we look at. If	

1	WESTMAN	31	1	WESTMAN	33
2	A	Yes, sir.	2	something is admitted in the application, we	
3	Q	What is the range for normal?	3	would pursue it.	
4	A	0 to 150.	4	Q What do you mean by there is a	
5	Q	What was his number?	5	guide?	
6	A	189.	6	A The elevations here.	
7	Q	Do you see the H next to it?	7	Q What is the word there?	
8	A	Yes.	8	MS. SHERER: Objection to the	
9	Q	Does that mean high?	9	form.	
10	A	Yes.	10	MR. TRIEF: What do you mean?	
11	Q	Why did you test for	11	MS. SHERER: Allow him to finish	
12		triglycerides?	12	his answers.	
13	A	It's an indication that there	13	A Of the lab results, you would look	
14		could be a cardiac issue so you would look at	14	at this and compare it to what had been	
15		it and if there is something admitted in the	15	admitted on the application to see if you	
16		application, you might pursue it then.	16	would need to pursue anything further.	
17	Q	But if there is nothing admitted,	17	Q So the lab results are just a	
18		you wouldn't pursue?	18	guide?	
19	A	Not at this level. I wouldn't	19	A Yes, sir.	
20		look at getting an ap unless --	20	Q And the criteria is just a guide?	
21	Q	Is there anything in writing that	21	A It's a reference to look at it.	
22		says this?	22	Q So you don't have to necessarily	
23	A	No, it's -- we have classes	23	follow the criteria that is Plaintiff's 1 and	
24		periodically and they will say that you are	24	2 of today and you don't necessarily --	
25		going to see elevations periodically but if	25	A You follow.	

1	WESTMAN	34	1	WESTMAN	36
2	Q	You have to let me finish. We	2	A	Hepatitis B is an impairment that
3		can't talk over each other. Am I correct to	3		once you have been diagnosed with it, you
4		understand that Exhibits 1 and 2, which are	4		have, you are going to be followed all
5		called criteria, and Exhibit 6 of 12/14/07,	5		through your life.
6		which are the lab tests, would be followed or	6	Q	Is there hepatitis B that has been
7		not followed at the discretion of the	7		successfully treated and hepatitis that has
8		underwriter?	8		not been successfully treated?
9	MS. SHERER:	Objection to the	9	A	Hepatitis B can successfully be
10		form.	10		treated with interferon and put in remission
11	A	Yes, sir.	11		but then you are going to have to be
12	Q	And there is nothing that you have	12		followed.
13		in writing that explains how you use that	13	Q	If you are successfully treated
14		discretion; is that correct?	14		with interferon, how do you measure if you
15	A	There is nothing in writing. You	15		have been successfully treated with
16		look at this, you look at the application to	16		interferon?
17		see what is admitted on the application and	17	A	By your labs. Your liver enzymes
18		then you look at your rates in regards to	18		go back to normal, which, the applicant in
19		labs and what is on the exam to see if you	19		this case his liver enzymes were normal so he
20		need to pursue any further to change the	20		would have been successfully treated, if he
21		classification or premium in the product.	21		was in fact diagnosed with hepatitis B.
22	Q	Have you seen the testimony of the	22	Q	If you had known he was treated
23		medical director in this particular case?	23		with interferon for hepatitis B, you would
24	A	No, sir.	24		have considered him successfully treated upon
25	Q	Are you aware that he indicated	25		his enzymes?

1	WESTMAN	35	1	WESTMAN	37
2		that had he known of Mr. Lin's condition, Mr.	2	A	You would look at his enzymes and
3		Lin would have received a policy but just at	3		order an A.P.S. to see if he was a carrier or
4		a different rate?	4		just hepatitis B and the classification could
5	A	No, sir.	5		be from standard to all the way up to
6	Q	Are you familiar with hepatitis B?	6		substandard product.
7	A	Yes, sir.	7	Q	Again, the question was if his
8	Q	Does hepatitis B affect Asians at	8		liver enzymes were normal, would you have
9		different rates than it affects caucasians?	9		considered him successfully treated?
10	A	I don't know that, sir.	10	MS. SHERER:	Objection to the
11	Q	Are there different types of	11		form. Asked and answered.
12		hepatitis B?	12	A	The liver enzymes being normal
13	A	No, sir. There is hepatitis A, B	13		just means that it's under control and in
14		and C.	14		remission. If he had been diagnosed with
15	Q	I am referring specifically to	15		hepatitis B, I had no knowledge that he had,
16		hepatitis B. Are there different types of	16		until this proceeding.
17		hepatitis B?	17	MR. TRIEF:	Move to strike.
18	A	I am not sure what you are	18	MS. SHERER:	Objection.
19		meaning. You have hepatitis B and you have a	19	MR. TRIEF:	I am not asking that
20		carrier and then an individual who has the	20		question.
21		hepatitis B. That is my knowledge of it, if	21	MS. SHERER:	I would just like to
22		you are talking about types.	22		state for the record I object to your
23	Q	Is there hepatitis B that had been	23		moving to strike every answer that Mr.
24		successfully treated and hepatitis that has	24		Westman is giving because you don't like
25		not been successfully treated?	25		the answer being given.